

Aug-24-2005 01:13pm

From-

PATENT PFIZER ANN ARBOR MI

7346222928

T-608 P.001/001 F-255

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE

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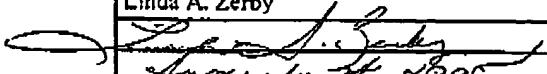
**PHARMACIA & UPJOHN COMPANY**  
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08/25/2005 SDIRETA2 00000004 230455 10035100

01 FC:1501 1400.00 DA  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Linda A. Zerby (Depositor's name)  
  
Linda A. Zerby (Signature)  
August 24, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/035,100	12/28/2001	Erik Ho Fong Wong	00378.US1 (PC24976)	1691

TITLE OF INVENTION: COMBINATIONS OF REBOXETINE AND NEUROLEPTIC AGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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SPIVACK, PHYLLIS G 1614 514-239200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Charles W. Ashbrook  
2. David R. Kurlandsky  
3.  

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the assignee has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(A) NAME OF ASSIGNEE

Pharmacia &amp; Upjohn Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kalamazoo, Michigan 49007

AUG 26 2005

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

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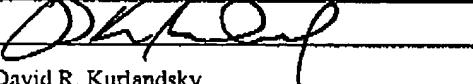
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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Date 8/24/05Typed or printed name David R. KurlandskyRegistration No. 41,505

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